C65556:2:2-3-16-16-0.9955-6-W/J DDoo28-1 File 10-03/4/3/2/23 Efficience 0.3/4/3/2/23.7:2:14:32.7 Decens Main Exactividate at Page at per 132 of 66

Fill	in this information t	to identify your c	ase:								
	otor 1		ael Wilhide, Jr.		34.04.10.134.04.104.104.104.104.104						
	otor 2 use, if filing)	Lisa Nanette	: Wilhide								
Unit	ted States Bankrup	otcy Court for the	: CENTRAL DISTRICT	OF CAL	IFORNIA						
(If kn	se number	4001		-					d filing ent show	ving postpetition c e following date:	hapter
	fficial Form							MM / DD/ Y	YYY		
	chedule I:		O me sible. If two married peo								12/15
spoi	use. If you are set the aseparate she tell in Describ	parated and you et to this form. e Employment	are married and not filii r spouse is not filing wi On the top of any additi	th you, onal pag	do not include ges, write you	infor	mati	on about your spo d case number (if	ouse. If i known).	more space is ne . Answer every q	eded,
	information.	•		Debto —				_		-filing spouse	
	If you have more than or attach a separate page v		Employment status	■ Employed			•	■ Employed□ Not employed			
	information about employers.	t additional	Occupation	☐ Not employed Alarm Tech Inland Empire Alarms				RN Desert Regional			
	Include part-time		Employer's name								
	Occupation may or homemaker, if		Employer's address		Chicago Averside, CA 925					Canyon CA 92262	
			How long employed t	here?	8 months	3			2 years	s	
Par	t 2: Give De	tails About Mor	nthly Income								
	mate monthly incouse unless you are		ate you file this form. If	you have	e nothing to rep	ort for	any	line, write \$0 in the	space. I	Include your non-	iling
	u or your non-filing e space, attach a s		ore than one employer, co this form.	mbine th	ne information	for all e	empl	oyers for that perso	n on the	e lines below. If yo	u need
								For Debtor 1		Debtor 2 or Filing spouse	
2.			ry, and commissions (becalculate what the monthl			2.	\$	4,297.28	\$	9,986.86	
3.	Estimate and lis	t monthly overt	ime pay.			3.	+\$	0.00	+\$	0.00	

EXHIBIT 1

9,986.86

4,297.28

Official Form 106I Schedule I: Your Income page 1

Calculate gross Income. Add line 2 + line 3.

Cosso 6:2:2-3 Hold-0.995/5-64W/J Dono 28-1 Fifelle 0.30/4/30/2/23 Endertence 0.30/4/30/2/23.7:2:14:32.17 Descention in the control of the con

Debte Debte		Dennis Michael Wilhide, Jr. Lisa Nanette Wilhide	-	Cas	e number (if known)		
	Сор	y line 4 here	4.	F(or Debtor 1 4,297.28	For Debtor non-filing s	
5.	List	all payroll deductions:			_		
•	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	928.74	\$ 2.	184.69
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00		409.72
	5e.	Insurance	5e.	\$	0.00	\$	42.04
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00
	5g.	Union dues	5g.	\$	0.00	\$	140.57
	5h.	Other deductions. Specify: Acc Ins	5h.+	+ \$	0.00	+ \$	2.16
		Child AD&D	_	\$	0.00	\$	1.02
		Child Life	_	\$	0.00	\$	1.08
		Crit III Ins	_	\$	0.00	\$	1.73
		AD&D	_	\$	0.00	\$	4.10
		Life	_	\$	0.00	\$	1.70
		STD	_	\$	0.00	\$	36.70
		Sp AD&D	_	\$	0.00	\$	2.71
		Emp ADD	_	\$	0.00	\$	4.10
		HCSA	_	\$	0.00	\$	80.13
		Hosp indem	_	\$	0.00	\$	4.92
	Δdd	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.	\$	928.74		917.37
		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	Ψ. \$	3,368.54		069.49
	8a. 8b. 8c.	Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive	8a. 8b.	\$ 5	0.00	\$ \$	0.00
		Include alimony, spousal support, child support, maintenance, divorce	_	_		_	
	٠.	settlement, and property settlement.	8c.	\$	0.00	\$	0.00
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00
	8e. 8f.	Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8e. 8f.	\$ \$	0.00	\$\$	0.00
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00
	8h.	Other monthly income. Specify:	8h.+	+ \$	0.00	+ \$	0.00
	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	0.00	\$	0.00
0.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	· —	3,368.54 + \$_	7,069.49	= \$ 10,438.
1.	Stat Inclu	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your r friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a	depen		-		

Official Form 106l Schedule I: Your Income page 2

C65556:2:2-3-16-16-0.995-6-4-4-7 DD:028-1 Fifeite 0.374/372/23 Efficience 0.374/372/23.7:2:14:3:2.7 DEsc Main Decorbitonitent Page age 1334 of 66

Deb Deb		Lisa Nanette W	,			
12.		te that amount on th	e last column of line 10 to the amount in line 11. The result is the combined monthly income. se Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it	12.	\$_	10,438.03
13.	Do	you expect an inc	rease or decrease within the year after you file this form?			bined thly income
		No.				
		Yes. Explain:				

Official Form 106l Schedule I: Your Income page 3

C65556:2:2-3-16-16-0.99556-4-W/J DD:028-1 File 10-03/4/3/2/23 Endet and 03/4/3/2/23.7:2:14:32.7 DEsc Main Decorbidation to the page and perfect of 66

Fill	in this informa	ation to identify yo	our case:								
Deb	tor 1	Dennis Michael Wilhide, Jr.					Check if this is:				
D-1-	4 2			,		_	An amended filing				
	tor 2 ouse, if filing)	Lisa Nanette	Wilhide				A supplement snow 13 expenses as of t	ing postpetition chapter he following date:			
		arricher a Carrinh fan a blaas	CENTE	AL DISTRICT OF CALLEO	DNIA	-	MM / DD / YYYY				
Onit	ed States Banki	ruptcy Court for the	CENTR	AL DISTRICT OF CALIFO	RINIA		WIMI / DD / TTTT				
	e number nown)										
Of	fficial Fo	rm 106J									
		J: Your I						12/1			
info	ormation. If m		eded, atta	. If two married people ar ch another sheet to this n.							
70.70 B(0.1)		ribe Your House	hold								
1.	Is this a joir										
	_	o line 2. es Debtor 2 live i	n a senar	ate household?							
	= 103. 2 00		n a sepan	ate nousenoid.							
			t file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	hold of Debt	or 2.				
2.	Do you hav	e dependents?	□ No								
	Do not list D Debtor 2.	-	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor	r 2	Dependent's age	Does dependent live with you?			
	Do not state	the						□ No			
	dependents	names.			Son		7	■ Yes			
					Daughter Full Student	Time	18	□ No ■ ×			
					Student			■ Yes □ No			
								☐ Yes			
								□ No			
3.	expenses o	penses include f people other ti d your depende	han $_{m \sqcap}$	No Yes				☐ Yes			
Dar		ate Your Ongoi		v Evnancas							
Est exp	imate your ex	penses as of you	our bankrı	uptcy filing date unless y y is filed. If this is a supp							
the		h assistance and		government assistance it luded it on <i>Schedule I: Y</i>			Your expe	nses			
4.		or home owners		ses for your residence. In or lot.	nclude first mortgage	e 4. \$		3,120.00			
	If not includ	led in line 4:									
	4a. Real e	estate taxes				4a. \$		0.00			
	4b. Prope	rty, homeowner's				4b. \$		0.00			
		maintenance, re	•	upkeep expenses		4c. \$		125.00			

0.00

5. Additional mortgage payments for your residence, such as home equity loans

C63556:2:2-30HoH-0.995654WVJ DDoo28-1 Fifelte 0.304/30/2/23 Efficience 0.304/30/2/23.71:2:14:3:217 Decase Main Decastributent Page 459 of 66

btor 1 Dennis Michael Wilhide, Jr. btor 2 Lisa Nanette Wilhide	Case numb	er (if known)						
Utilities:								
6a. Electricity, heat, natural gas	6a.	\$	300.00					
6b. Water, sewer, garbage collection	6b.	\$	145.00					
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	0.00					
6d. Other Specify: Natural Gas	6d.	\$	110.00					
Cable television		\$	80.00					
Cell phone		* •	375.00					
Internet		·	80.00					
Food and housekeeping supplies		·	1,150.00					
Childcare and children's education costs	8.	·	500.00					
Clothing, laundry, and dry cleaning	9.	·	150.00					
Personal care products and services	10.	·	150.00					
Medical and dental expenses	11.	·	220.00					
Transportation. Include gas, maintenance, bus or train fare.		·	220.00					
Do not include car payments.	12.	\$	500.00					
Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00					
Charitable contributions and religious donations	14.	·	0.00					
Insurance.								
Do not include insurance deducted from your pay or included in lines 4 or 20.								
15a. Life insurance	15a.	\$	0.00					
15b. Health insurance	15b.	\$	0.00					
15c. Vehicle insurance	15c.	\$	473.00					
15d. Other insurance. Specify:	15d.	\$	0.00					
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	 16.		0.00					
Installment or lease payments:								
17a. Car payments for Vehicle 1	17a.	\$	392.97					
17b. Car payments for Vehicle 2	17b.	\$	0.00					
17c. Other. Specify:	17c.	\$	0.00					
17d. Other. Specify:	17d.	\$	0.00					
Your payments of alimony, maintenance, and support that you did not report as	<u> </u>							
deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).			0.00					
Other payments you make to support others who do not live with you.		\$	173.33					
Specify: Son Incarcerated (money sent for personal items/food)	19.							
Other real property expenses not included in lines 4 or 5 of this form or on Sch								
20a. Mortgages on other property	20a.	·	0.00					
20b. Real estate taxes	20b.	·	0.00					
20c. Property, homeowner's, or renter's insurance	20c.		0.00					
20d. Maintenance, repair, and upkeep expenses	20d.		0.00					
20e. Homeowner's association or condominium dues	20e.	·	0.00					
Other: Specify: Contingency	21.	+\$	100.00					
Pet Care/Grooming (5 dogs/2 cats/1 bird)		+\$	200.00					
Calculate your monthly expenses								
22a. Add lines 4 through 21.		\$	8 527 20					
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	8,527.30					
		·						
22c. Add line 22a and 22b. The result is your monthly expenses.		\$	8,527.30					
Calculate your monthly net income.								
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	10,438.03					
23b. Copy your monthly expenses from line 22c above.	23b.		8,527.30					
•	Г		-,					
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	1,910.73					
Do you expect an increase or decrease in your expenses within the year after year example, do you expect to finish paying for your car loan within the year or do you expect you modification to the terms of your mortgage?			ase because of a					
No.								
☐ Yes.								